

<i>SERFF Tracking Number:</i>	<i>NALH-126793477</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Midland National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46686</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>A10 Annuities - Other</i>	<i>Sub-TOI:</i>	<i>A10.000 Annuities - Other</i>
<i>Product Name:</i>	<i>Revised specification pages for Form 4579 9-09</i>		
<i>Project Name/Number:</i>	<i>Revised specification pages for Form 4579 9-09/Revised specification pages for Form 4579 9-09</i>		

## Filing at a Glance

Company: Midland National Life Insurance Company

Product Name: Revised specification pages for SERFF Tr Num: NALH-126793477 State: Arkansas  
Form 4579 9-09

TOI: A10 Annuities - Other

SERFF Status: Closed-Approved-  
Closed

State Tr Num: 46686

Sub-TOI: A10.000 Annuities - Other

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Author: Sherry M. Olson

Reviewer(s): Linda Bird

Date Submitted: 09/02/2010

Disposition Date: 09/07/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Revised specification pages for Form 4579 9-09

Status of Filing in Domicile: Pending

Project Number: Revised specification pages for Form 4579 9-09

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/07/2010

Explanation for Other Group Market Type:

State Status Changed: 09/07/2010

Deemer Date:

Created By: Sherry M. Olson

Submitted By: Sherry M. Olson

Corresponding Filing Tracking Number:

Filing Description:

RE: Midland National Life Insurance Company

FEIN # 46-0164570 NAIC # 66044

Revised Specification Pages for Flexible Premium Deferred Annuity Rider Form 4579 9-09

We are filing revised specification pages 1 and 2 for Flexible Premium Deferred Annuity Rider, Form 4579 9-09, which was approved by your department on 12/3/2009 (SERFF Tr #: NALH-126402763).

We've made the following revisions to specification page 1:

SERFF Tracking Number: NALH-126793477 State: Arkansas  
Filing Company: Midland National Life Insurance Company State Tracking Number: 46686  
Company Tracking Number:  
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other  
Product Name: Revised specification pages for Form 4579 9-09  
Project Name/Number: Revised specification pages for Form 4579 9-09/Revised specification pages for Form 4579 9-09

- Added the number of the base policy to which the rider is attached.
- Revised the form number on page 1 to be Form 4579 1 8-10.

We've made the following revisions to specification page 2:

- Added the number of the base policy to which the rider is attached in the upper left corner.
- Added the annuitant's name in the upper right corner
- Revised the form number on page 2 to be Form 4579 2 8-10.

A revised Statement of Variability is attached. The only change to the Statement of Variability has been to add the Base Policy Number.

Upon approval, these specification pages will replace specification page 1 and 2 that were approved with the rider on 12/3/2009 and will be used for all new issues.

This rider is available for issues ages 18-65 and is for general use with Midland's current and future approved individual flexible premium adjustable life insurance policies offered in the bank- or corporate-owned life insurance market.

This filing was submitted to Midland's domicile state of Iowa on 8/31/2010.

If you need any additional information to complete your review, please feel free to contact me at 800-283-5433, ext. 36223 or at [solson@sfgmembers.com](mailto:solson@sfgmembers.com).

Sincerely,

Sherry Olson, AIRC  
Senior Contract Analyst  
Corporate Markets Center  
Midland National Life Insurance Company &  
North American Company for Life and Health Insurance

## Company and Contact

### Filing Contact Information

Sherry Olson, Senior Contract Analyst      [solson@mnlife.com](mailto:solson@mnlife.com)  
2000 44th St. South, Suite 300      701-433-6223 [Phone]  
 Fargo, ND 58103      701-433-8223 [FAX]

### Filing Company Information

Midland National Life Insurance Company      CoCode: 66044      State of Domicile: Iowa

SERFF Tracking Number: NALH-126793477 State: Arkansas

Filing Company: Midland National Life Insurance Company State Tracking Number: 46686

Company Tracking Number:

TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other

Product Name: Revised specification pages for Form 4579 9-09

Project Name/Number: Revised specification pages for Form 4579 9-09/Revised specification pages for Form 4579 9-09

525 W. Van Buren Street Group Code: 431 Company Type: Life and Annuity  
 Chicago, IL 60607 Group Name: State ID Number:  
 (800) 800-3656 ext. [Phone] FEIN Number: 46-0164570  
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## Filing Fees

Fee Required? Yes

Fee Amount: \$40.00

Retaliatory? No

Fee Explanation: \$20 per form other than policy x 2 forms

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Midland National Life Insurance Company	\$40.00	09/02/2010	39193580
Midland National Life Insurance Company	\$60.00	09/07/2010	39269560

SERFF Tracking Number: NALH-126793477 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/07/2010	09/07/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	09/03/2010	09/03/2010	Sherry M. Olson	09/07/2010	09/07/2010

<i>SERFF Tracking Number:</i>	<i>NALH-126793477</i>	<i>State:</i>	<i>Arkansas</i>
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## Disposition

Disposition Date: 09/07/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>NALH-126793477</i>	<i>State:</i>	<i>Arkansas</i>
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Statement of Variability		Yes
<b>Form</b>	Specification page 1		Yes
<b>Form</b>	Specification page 2		Yes

*SERFF Tracking Number:*      *NALH-126793477*      *State:*      *Arkansas*  
*Filing Company:*      *Midland National Life Insurance Company*      *State Tracking Number:*      *46686*  
*Company Tracking Number:*  
*TOI:*      *A10 Annuities - Other*      *Sub-TOI:*      *A10.000 Annuities - Other*  
*Product Name:*      *Revised specification pages for Form 4579 9-09*  
*Project Name/Number:*      *Revised specification pages for Form 4579 9-09/Revised specification pages for Form 4579 9-09*

## **Objection Letter**

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/03/2010
Submitted Date	09/03/2010
Respond By Date	10/04/2010

Dear Sherry Olson,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$60.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: NALH-126793477 State: Arkansas  
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Project Name/Number: Revised specification pages for Form 4579 9-09/Revised specification pages for Form 4579 9-09

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 09/07/2010  
Submitted Date 09/07/2010

Dear Linda Bird,

### Comments:

This is in response to your 9/3/10 objection letter

### Response 1

Comments: We have submitted an additional filing fee of \$60.

#### Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$60.00 is received.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If you need any additional information, please let me know.

Sincerely,  
Sherry M. Olson



SERFF Tracking Number: NALH-126793477 State: Arkansas

Filing Company: Midland National Life Insurance Company State Tracking Number: 46686

Company Tracking Number:

TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other

Product Name: Revised specification pages for Form 4579 9-09

Project Name/Number: Revised specification pages for Form 4579 9-09/Revised specification pages for Form 4579 9-09

## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form 4579 1 8-10	Schedule Pages	Specification page 1	Initial		0.000	Midland Form 4579 1 8-10 page 1.pdf
	Form 4579 2 8-10	Schedule Pages	Specification page 2	Initial		0.000	Midland Form 4579 2 8-10 page 2.pdf



*A Member of the Sammons Financial Group*

*A Stock Company*

**Principal Office: 4601 Westown Parkway, Suite 300, West Des Moines, IA 50266**  
**Executive Office: One Midland Plaza, Sioux Falls, SD 57193**  
**Corporate Markets Center: 2000 44th St. South, Suite 300, Fargo, ND 58103 (800) 283-5433**

**FLEXIBLE PREMIUM DEFERRED ANNUITY RIDER**

RIDER EFFECTIVE DATE: [JANUARY 1, 2010]

RIDER MATURITY DATE: [JANUARY 1, 2090]

ANNUITANT: [JOHN DOE]

ISSUE AGE AND SEX: [35 MALE]

OWNER: [ABC BANK]

INITIAL PREMIUM: [\$1,000]

FOR ADDITIONAL PREMIUMS, SEE PREMIUM PAYMENT PROVISION

GUARANTEED INTEREST RATE: [2.0%]

PREMIUM EXPENSE CHARGE: [3%]

PARTIAL SURRENDER FEE: \$25.00

BASE POLICY NUMBER: [12345678]

BASE POLICY NUMBER: [12345678]

ANNUITANT: [JOHN DOE]

### EXCHANGE PROVISION

YOU MAY REQUEST A CHANGE OF OWNERSHIP OR ASSIGNMENT OF SURRENDER VALUES UNDER THE TERMS OF SECTION 1035 OF THE INTERNAL REVENUE CODE (IRC). IF YOU REQUEST THAT THIS RIDER BE SURRENDERED AND SUBSEQUENTLY TRANSFERRED TO ANOTHER INSURANCE COMPANY BY MEANS OF AN EXCHANGE UNDER SECTION 1035 OF THE INTERNAL REVENUE CODE OR BY ANY OTHER MEANS DIRECTLY OR INDIRECTLY TO ACHIEVE AN EXCHANGE QUALIFYING UNDER SECTION 1035, OR FOR ANY OTHER SURRENDER REQUEST TO WHICH WE MUTUALLY AGREE, YOU HAVE TWO PAYOUT OPTIONS. YOU MAY CHOOSE THE OPTION AT THE TIME OF YOUR REQUEST.

OPTION 1: WE WILL PAY OUT NO MORE THAN 10% OF THE SURRENDER VALUE AS OF THE DATE OF YOUR REQUEST DURING ANY PERIOD OF SIX CONSECUTIVE MONTHS UNTIL THIS RIDER IS IN EFFECT FOR AT LEAST TEN YEARS.

OPTION 2: WE WILL ASSESS A FEE AS A PERCENTAGE OF THE REQUESTED SURRENDER VALUE AS OUTLINED BELOW:

RIDER YEAR IN WHICH REQUEST OCCURS	MAXIMUM FEE	RIDER YEAR IN WHICH REQUEST OCCURS	MAXIMUM FEE
1	[8%]	7	[4%]
2	[8%]	8	[3%]
3	[7%]	9	[2%]
4	[7%]	10	[1%]
5	[6%]	11+	[0%]
6	[5%]		

FOR THE PURPOSES OF DETERMINING THE AMOUNT OF ANY SURRENDER OR WITHDRAWAL FROM THIS CONTRACT THAT IS INCLUDABLE IN GROSS INCOME, ALL CONTRACTS CLASSIFIED AS MODIFIED ENDOWMENT CONTRACTS BY THE INTERNAL REVENUE CODE THAT ARE ISSUED BY THE SAME COMPANY TO THE SAME POLICY OWNER WITHIN A CALENDAR YEAR ARE TREATED AS ONE MODIFIED ENDOWMENT CONTRACT.

MIDLAND NATIONAL LIFE INSURANCE COMPANY

ACCEPTED BY THE POLICY OWNER

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(TITLE)

\_\_\_\_\_  
(TITLE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(DATE)

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## Supporting Document Schedules

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

The specification pages are not scored for readability individually. They are scored with the rider in its entirety.

**Attachments:**

4579 9-09 Readability.pdf

4579 revised specification pages 1 & 2 8-10 AR Cert.pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Application

**Comments:**

Any of the following applications may be used to apply for the currently approved Midland products offered with this rider:

Regular Issue Application Form 81-36 (4-05), approved 11/18/2009

Simplified Issue Application Form 81-38 (1-05), approved 11/18/2009

Guaranteed Issue Application Form 81-37 (4-05), approved 5/13/2005

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Statement of Variability

**Comments:**

**Attachment:**

Form 4579 STATEMENT OF VARIABILITY 8-10.pdf

## READABILITY CERTIFICATE

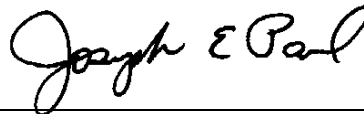
Name and Address of Insurer

Midland National Life Insurance Company  
Corporate Markets Center  
2000 44<sup>th</sup> Street S, Ste. 300 Fargo, ND 58103

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I hereby certify that Readability has been tested under the Flesch Readability formula set forth by Rudolph Flesch in his book, The Art of Readability Writing and that the form(s) listed below meet your minimum readability requirements of your state.

<b><u>FORM NUMBER</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>SCORE</u></b>
Form 4579 9-09	Flexible Premium Deferred Annuity Rider	63.4



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Signature

Joseph E. Paul  
Typed Name

Vice President – Corporate Markets Operations  
Title

October 15, 2009  
Date

TO: Arkansas Department of Insurance  
FROM: Midland National Life Insurance Company  
DATE: September 2, 2010  
RE: Specification pages 1 and 2 for Rider Form 4579 9-09

Midland National Life Insurance Company certifies that the referenced rider complies with

- Arkansas Regulation 49 regarding Life and Health Guaranty notices given to each policy owner to which the rider is attached.
- Arkansas Code Annotated 23-79-138 regarding a Consumer Information Notice accompanying every policy to which the rider is attached.
- Arkansas Regulation 19 § 10B regarding unfair sex discrimination in insurance.



Carmen R. Walter, FSA, MAAA  
Director of Product Development  
Corporate Markets  
Midland National Life Insurance Company

Date: September 2, 2010

## STATEMENT OF VARIABILITY:

Rider Form Series 4579 - specification pages 1 &amp; 2 revised 8-10

The following is a list of bracketed items and the corresponding range of text and/or values that appear on rider specification pages 1 and 2.

<u>Bracketed Item</u>	<u>Variable Text/Range</u>																																																
Rider Effective Date	Effective date of the rider																																																
Rider Maturity Date	Anniversary date closest to annuitant’s age 121																																																
Annuitant	Annuitant’s name at issue																																																
Issue Age and Sex	Annuitant’s issue age and sex at issue																																																
Owner	Owner’s name at issue																																																
Initial Premium	Initial premium payment																																																
Guaranteed Interest Rate	Range: 1.0-3.0%. The Guaranteed Interest Rate will always equal or exceed the minimum non-forfeiture interest rate when the rider is issued.																																																
Premium Expense Charge	<div>Range: 0%-3.5%, based upon state of issue. The charge is 0%, except in the following states, where the ranges are:</div> <table><thead><tr><th><u>State</u></th><th><u>Range</u></th></tr></thead><tbody><tr><td>CA</td><td>0-2.35%</td></tr><tr><td>ME</td><td>0-2.00%</td></tr><tr><td>NV</td><td>0-3.50%</td></tr><tr><td>SD</td><td>0-1.25%</td></tr><tr><td>WV</td><td>0-1.00%</td></tr><tr><td>WY</td><td>0-1.00%</td></tr></tbody></table> <div>In these states, the charge will be less than the maximum shown if the policyowner requests the cost be amortized over time through a lower crediting rate.</div>	<u>State</u>	<u>Range</u>	CA	0-2.35%	ME	0-2.00%	NV	0-3.50%	SD	0-1.25%	WV	0-1.00%	WY	0-1.00%																																		
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Base Policy Number	The policy number of the base policy to which the rider is attached.																																																
Exchange Provision Maximum Fee	<div>The Maximum Fee varies by the Annuitant’s Issue Age:</div> <table><thead><tr><th><u>Rider Year in Which Request Occurs</u></th><th><u>Annuitant’s Issue Ages 18-58</u></th><th><u>Annuitant’s Issue Age 59</u></th><th><u>Annuitant’s Issue Ages 60-65</u></th></tr></thead><tbody><tr><td>1</td><td>8.00%</td><td>8.00%</td><td>8.00%</td></tr><tr><td>2</td><td>8.00%</td><td>8.00%</td><td>7.51%</td></tr><tr><td>3</td><td>7.00%</td><td>7.00%</td><td>6.60%</td></tr><tr><td>4</td><td>7.00%</td><td>6.60%</td><td>5.69%</td></tr><tr><td>5</td><td>6.00%</td><td>5.69%</td><td>4.76%</td></tr><tr><td>6</td><td>5.00%</td><td>4.76%</td><td>3.83%</td></tr><tr><td>7</td><td>4.00%</td><td>3.83%</td><td>2.88%</td></tr><tr><td>8</td><td>3.00%</td><td>2.88%</td><td>1.93%</td></tr><tr><td>9</td><td>2.00%</td><td>1.93%</td><td>0.97%</td></tr><tr><td>10</td><td>1.00%</td><td>0.97%</td><td>0.00%</td></tr><tr><td>11+</td><td>0.00%</td><td>0.00%</td><td>0.00%</td></tr></tbody></table>	<u>Rider Year in Which Request Occurs</u>	<u>Annuitant’s Issue Ages 18-58</u>	<u>Annuitant’s Issue Age 59</u>	<u>Annuitant’s Issue Ages 60-65</u>	1	8.00%	8.00%	8.00%	2	8.00%	8.00%	7.51%	3	7.00%	7.00%	6.60%	4	7.00%	6.60%	5.69%	5	6.00%	5.69%	4.76%	6	5.00%	4.76%	3.83%	7	4.00%	3.83%	2.88%	8	3.00%	2.88%	1.93%	9	2.00%	1.93%	0.97%	10	1.00%	0.97%	0.00%	11+	0.00%	0.00%	0.00%
<u>Rider Year in Which Request Occurs</u>	<u>Annuitant’s Issue Ages 18-58</u>	<u>Annuitant’s Issue Age 59</u>	<u>Annuitant’s Issue Ages 60-65</u>																																														
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9	2.00%	1.93%	0.97%																																														
10	1.00%	0.97%	0.00%																																														
11+	0.00%	0.00%	0.00%																																														